PART B - FEE(S) TRANSMITTAL

Complete and send this form, together wan applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450

				or Fax (5)				
INSTRUCTIONS: This appropriate. All further c indicated unless correcte maintenance fee notificati	form should be used is correspondence including d below or directed officers.	or trang the	smitting the ISSU Patent, advance of in Block 1, by (a					
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of th Fee(s) Transmittal. This certificate cannot be used for any other accompanyin, papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.			
25181	7590 04/27	/2009		nav	e its own cer			
FOLEY HOAG PATENT GROU 155 SEAPORT E	NTER WEST	Certificate of Mailing or Trans I hereby certify that this Fec(s) Transmittal is being States Postal Service with sufficient postage for fir addressed to the Mail Stop ISSUE FEE address transmitted to the USPTO (571) 273-2885, on the d				mission g deposited with the Unite st class mail in an envelop above, or being facsimil late indicated below.		
BOSTON, MA 0	2110			D	ana M.	Gordon		(Depositor's name)
				/D	ana M.	Gordon/	,	(Signature)
				Ū	uly 7,	2009		(Date)
APPLICATION NO.	FILING DATE			FIRST NAMED INVENTOR		ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.
10/533,611 05/11/2006			Hyoung-Joon					6317
TITLE OF INVENTION:	SMECTIC GELS					0317		
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	rovisional YES		\$755	\$300	\$0		\$1055	07/27/2009
EXAMINER ART UNIT			ART UNIT	CLASS-SUBCLASS	1			
DESAI, ANAND U 1656				530-353000	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form.				For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to to				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent attorneys or agents. If no name is 3				
3. ASSIGNEE NAME AN								
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Com	ified b	clow, no assignee of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assignment.	assignce is i	dentified below, the d	locument has been filed fo
(A) NAME OF ASSIGNEE Trustees of Tufts College				(B) RESIDENCE: (CITY and STATE OR COUNTRY) Medford, Massachusetts				
Please check the appropria	ate assignee category or	catego	ories (will not be pr	inted on the patent):	Individual	Corporat	tion or other private gre	oup entity Governmen
4a. The following fee(s) a	re submitted:		41	. Payment of Fee(s): (Plea	ase first reap	ply any pre	viously paid issue fee	shown above)
∆ Issue Fee				☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
□ Publication Fee (No small entity discount permitted) □ Advance Order - # of Copies				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 66-1448 (enclose an extra copy of this form).				
 Change in Entity State Applicant claims 	us (from status indicate SMALL ENTITY state			☐ b. Applicant is no lon	ger claiming	SMALL EN	TITY status. See 37 C	FR 1.27(g)(2).
	Publication Fee (if rea	uired) :	will not be accente	d from anyone other than i				he assignee or other party i
interest as snown by the re	ecords of the United Sta	tes Pat	ent and 1 rademark	Office.				
Authorized Signature /Dana M. Gordon/						July 7,		
Typed or printed name Dana M. Gordon						ation No. 4		
This collection of informa an application. Confident submitting the completed this form and/or suggestion Box 1450, Alexandria, Vi	tion is required by 37 C ality is governed by 35 application form to the ons for reducing this bu rginia 22313-1450. DC	FR 1.3 U.S.C USPT den, s NOT	11. The information 122 and 37 CFR O. Time will vary hould be sent to the SEND FEES OR	on is required to obtain or 1.14. This collection is es depending upon the indi- e Chief Information Offic COMPLETED FORMS To	retain a bene timated to tal ridual case. r er, U.S. Pater O THIS ADI	fit by the pub se 12 minutes Any comment and Trader ORESS, SEN	lic which is to file (and s to complete, including the on the amount of ti- mark Office, U.S. Dep ID TO: Commissioner	d by the USPTO to process ig gathering, preparing, an me you require to complet artment of Commerce, P.C. for Patents, P.O. Box 1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.